Meditation Instructor Report Form

Instructor Name: _____

Date: _____

Please complete this form based on your observations of the Breath for Bliss meditation sessions you led.

1. How did the group respond to the meditation practice overall?

_____

2. Did any participants report difficulties or challenges during the sessions?

_____

3. Did you observe any signs of distress or discomfort in participants during the meditation?

_____

4. Were there any deviations from the planned meditation practice (e.g., shortening the session)?

_____

5. Any additional comments or observations:

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